01/11/2016 10 : 57

PAGE 1 / 67

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	A	For An A			VIEN IS			Office Us	e Only
NAME OF COMMITTEE (in		YPE OR PRIN	Г₩		ample: If typions or the lines.	ng, type	12FE4M5	5	
DAVE GILES	FOR CON	IGRESS							
ADDRESS (number ar	nd street)	3667 EAST ME	GAN STRE	ET					
Check if did than previous reported. (A	usly	GILBERT					AZ L	85295	
2. FEC IDENTIFIC	CATION NUI	MBER ▼	CI	TY A			STATE A		ZIP CODE
C C0057260)2		3. IS T REP	THIS PORT	X NEV	OR	AMENI (A)	DED	STATE ▼ DISTRICT AZ 09
	•	port (Q1)	(b) 12-D	ay PRE -	Election Rep Primary (12F Convention	P)	General (•	Runoff (12R)
Octobe	r 15 Quarterly	Report (Q3)	Elec	tion on	M M	/ D D	/ Y Y Y Y]	in the State of
X January	/ 31 Year-End	Report (YE)	(c) 30-D	ay POS	r -Election Re	port for the	ə:		
					General (300	3)	Runoff (30	JR)	Special (30S)
Termina	ation Report (T	ER)	Elec	tion on	МММ	/ D D	/]	in the State of
5. Covering Period	M M 10	/ 01 /	y y y 2015	Y	through	M 12		Y Y 201	
I certify that I have e				of my kn	owledge and	belief it is	true, correct and	d comple	te.
Type or Print Name	of Ireasurer	Dale Robert 0	Siles					1, 5	
Signature of Treasure	er <i>Dale R</i>	obert Giles			[Electronically	Filed]	Date 01	11	2016
	false, erroneo	us, or incomple	ete informati	on may s	subject the pe	rson signing	g this Report to t	he penalti	ies of 2 U.S.C. §437g.
Office Use Only									FORM 3 ised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 67

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DAVE GILES FOR CONGRESS

10 12 31 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 1165.00 6297.21 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 1165.00 6297.21 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 39387.28 96533.14 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 39387.28 96533.14 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 35797.63 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 140018.13 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 67

Write or Type Committee Name

DAVE GILES FOR CONGRESS

Report Covering the Period: From: 10 01 2015 To: 12 31 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
11. C	CONTRIBUTIONS (other than loans) FROM:				
(a	a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	1165.00	6297.21		
	(ii) Unitemized	0.00	0.00		
	(iii) TOTAL of contributions from individuals	1165.00	6297.21		
(b	o) Political Party Committees	0.00	0.00		
(C	c) Other Political Committees (such as PACs)	0.00	0.00		
(c (e	TOTAL CONTRIBUTIONS	0.00	0.00		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1165.00	6297.21		
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00		
	OANS:				
(a	a) Made or Guaranteed by the Candidate	2676.82	140018.13		
(b	o) All Other Loans	0.00	0.00		
(C	c) TOTAL LOANS (add Lines 13(a) and (b))	2676.82	140018.13		
4. O	PFFSETS TO OPERATING				
	XPENDITURES Refunds, Rebates, etc.)	0.00	0.00		
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00		
6. T	OTAL RECEIPTS (add Lines	9 9 9	9 9		
1 (0	1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	3841.82	146315.34		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 67

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	39387.28	96533.14
18.		ANSFERS TO OTHER THORIZED COMMITTEES	100.00	100.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	(-)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTI	HER DISBURSEMENTS	8748.72	13884.57
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	48236.00	110517.71
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	80191.81
24	TO	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	3841.82
25.	SUI	BTOTAL (add Line 23 and Line 24)		84033.63
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	48236.00
7	CAS	SH ON HAND AT CLOSE OF REPORTING	G PERIOD	35797.63

FOR LINE NUMBER: **PAGE** 5 OF 67 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) Philip Creps Date of Receipt Mailing Address 1271 North Bronco Lane 10 2015 26 City State Zip Code Transaction ID: SA11AI.4368 ΑZ 85233 Gilbert FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 100.00 Name of Employer Occupation Receipt For: 2016 Election Cycle-to-Date Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) Marvin G. Elliot Date of Receipt Mailing Address 9433 E Juanita Ave 01 2015 City State Zip Code Transaction ID: SA11AI.4292 Mesa ΑZ 85209 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation 9/29 Macayos Event Retired Receipt For: 2016 Election Cycle-to-Date | Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) John Emery Date of Receipt Mailing Address 2252 E Spurwind Ln 2015 12 City State Zip Code Transaction ID: SA11AI.4414 ΑZ Green Valley 85614 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation Retired unknown **NRA Donation** Receipt For: 2016 Election Cycle-to-Date Primary General Other (specify) 100.00 300.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 6 OF 67 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) **Dale Robert Giles** Date of Receipt Mailing Address 15832 East Richwood Avenue 10 2015 28 City State Zip Code Transaction ID: SA11AI.4360 ΑZ 85268 Fountain Hills FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation by credit card Iridium Treasurer Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Ann Heins Date of Receipt Mailing Address 5603 S Outrigger Rd 01 2015 City State Zip Code Transaction ID: SA11AI.4293 Tempe ΑZ 85283 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Realtor/Self Employed 9/29 Macayos Event Self Employed Receipt For: 2016 Election Cycle-to-Date | Primary General 25.00 Other (specify) Full Name (Last, First, Middle Initial) Eric Kohler Date of Receipt Mailing Address 767 East Canyon Rock Road 2015 12 03 City State Zip Code Transaction ID: SA11AI.4407 ΑZ Green Valley 85614 FEC ID number of contributing

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

7 OF PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 11d Detailed Summary Page 12 13a 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	Date of Receipt 10 26 2015
State Zip Code AZ 85295	Transaction ID : SA11AI.4364
Occupation	Amount of Each Receipt this Period 50.00 At 10/26/2015 event
Election Cycle-to-Date	At 10/20/2013 event
	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
State Zip Code AZ 85295	Transaction ID : SA11Al.4365
C	Amount of Each Receipt this Period
Occupation	50.00 At 10/26/2015 event
Election Cycle-to-Date 50.00	
State Zip Code	Date of Receipt 12 10 2015
AZ 85282	Transaction ID : SA11AI.4413
Occupation Unknown Election Cycle-to-Date	Amount of Each Receipt this Period 10.00 ATM CASH DEPOSIT ON 12/10 915 BASELIN TEMPE AZ 0006789 ATM ID 1713C CARD 35
	State Zip Code AZ 85295 C Occupation Election Cycle-to-Date State Zip Code AZ 85295 C Occupation Election Cycle-to-Date 50.00 State Zip Code AZ 85295 C Occupation C Occupation Unknown

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FC	OR LINE	NUMBER:	PAGE	: 8 OF	67
(cł	neck only	one)			
[X _{11a}	11b	11c	11d	
	12	13a	13b	14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than us	ing the name and address of any political commit	tee to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) DAVE GILES FOR CONGR	RESS	
Full Name (Last, First, Middle Initial) Bill Sorenson Mailing Address 7903 E Plata Ave		Date of Receipt
City	State Zip Code	12 10 2015 Transaction ID : SA11AI.4429
Mesa FEC ID number of contributing	AZ 85212	Amount of Fook Possint this Posind
federal political committee.	[C]	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	ATM CASH DEPOSIT ON 12/10 915 BASELINE R TEMPE AZ 0006789 ATM ID 1713C CARD 3581
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) Bill Sorenson		Date of Receipt
Mailing Address 7903 E Plata Ave		12 28 2015
City Mesa	State Zip Code AZ 85212	Transaction ID : SA11AI.4406
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	5.00
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) Edward F. Steele		Date of Receipt
Mailing Address 1657 W Kiowa Ave		10 01 2015
City Mesa	State Zip Code AZ 85202	Transaction ID : SA11Al.4291
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	9/29 event At Mycayos
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (option	nal)	130.00
TOTAL This Period (last page this line nu	mber only)	1165.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE 9 OF 67
Use separate schedule(s)	(check only one)	
for each category of the	11a11b	11c 11d
Detailed Summary Page	12 X 13a	13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 10 2015 02 City State Zip Code Transaction ID: SA13A.4319 ΑZ 85295 **GILBERT** FEC ID number of contributing Amount of Each Receipt this Period H6AZ09010 federal political committee. 435.00 Name of Employer Occupation Complete Inspection Service, LLC Retired Consultant Receipt For: 2016 Election Cycle-to-Date | Primary General 138227.31 Other (specify) Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 02 2015 Citv State Zip Code Transaction ID: SA13A.4419 **GILBERT** ΑZ 85295 FEC ID number of contributing Amount of Each Receipt this Period С H6AZ09010 federal political committee. 70.04 Name of Employer Occupation Consultant Ethernet adapter / 2-handset cordless answering Retired maching Receipt For: 2016 Election Cycle-to-Date | Primary General 138297.35 Other (specify) Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 2015 09 City State Zip Code Transaction ID: SA13A.4427 ΑZ **GILBERT** 85295 FEC ID number of contributing С H6AZ09010 Amount of Each Receipt this Period federal political committee. 168.59 Name of Employer Occupation Retired Consultant Color Toner Receipt For: 2016 Election Cycle-to-Date Primary General 138465.94 Other (specify) 673.63 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER:	PAGE	1	10 OF	67
Use separate schedule(s)	(che	ck only	or or	ne)				
for each category of the		11a		11b	11c		11d	
Detailed Summary Page		12	X	13a	13b		14	15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 2015 04 City State Zip Code Transaction ID: SA13A.4425 ΑZ 85295 **GILBERT** FEC ID number of contributing Amount of Each Receipt this Period H6AZ09010 federal political committee. 258.71 Name of Employer Occupation Insperion 3252 Retired Consultant Receipt For: 2016 Election Cycle-to-Date Y Primary General 138724.65 Other (specify) Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 07 2015 Citv State Zip Code Transaction ID: SA13A.4423 **GILBERT** ΑZ 85295 FEC ID number of contributing Amount of Each Receipt this Period С H6AZ09010 federal political committee. 776.13 Name of Employer Occupation Consultant Lenovo PC / 2 monitors Retired Receipt For: 2016 Election Cycle-to-Date | Primary General 139500.78 Other (specify) Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 2015 12 80 City Zip Code State Transaction ID: SA13A.4421 ΑZ **GILBERT** 85295 FEC ID number of contributing С H6AZ09010 Amount of Each Receipt this Period federal political committee. 107.79 Name of Employer Occupation GT740 PC Retired Consultant Receipt For: 2016 Election Cycle-to-Date Primary General 139608.57 Other (specify) 1142.63 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Receipt For: 2016

General

TOTAL This Period (last page this line number only).....

| Primary

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11 OF 67 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page X 13a 12 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 2015 18 City State Zip Code Transaction ID: SA13A.4416 ΑZ 85295 **GILBERT** FEC ID number of contributing Amount of Each Receipt this Period H6AZ09010 federal political committee. 11.84 Name of Employer Occupation Office Max - Adapter & Hanging folders Retired Consultant Receipt For: 2016 Election Cycle-to-Date | Primary General 139620.41 Other (specify) Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 26 2015 Citv State Zip Code Transaction ID: SA13A.4435 **GILBERT** A7 85295 FEC ID number of contributing Amount of Each Receipt this Period С H6AZ09010 federal political committee. 400.00 Name of Employer Occupation Consultant Executive staff meeting meal expenses Retired

Other (specify) Full Name (Last, First, Middle Initial) DAVID VICTOR GILES Date of Receipt Mailing Address 3667 EAST MEGAN STREET 2015 12 31 City State Zip Code Transaction ID: SA13A.4437 ΑZ **GILBERT** 85295 FEC ID number of contributing С H6AZ09010 Amount of Each Receipt this Period federal political committee. 448.72 Name of Employer Occupation Retired Consultant Men's Wearhouse Receipt For: 2016 Election Cycle-to-Date | Yrimary General 140469.13 Other (specify) 860.56 SUBTOTAL of Receipts This Page (optional).....

140020.41

Election Cycle-to-Date

2676.82

PAGE 12 67 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Arizona Gold Rea 2015 Mailing Address 5225 S McClintock Dr 11 24 City State Zip Code Amount of Each Disbursement this Period ΑZ Tempe 85283 Purpose of Disbursement 1212.93 BILL PAY Arizona Gold Rea ON-LINE xxxx xxxx xxxxxxxsa StrON 11-24 001 Transaction ID: SB17.4390 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) Arizona Gold Rea Date of Disbursement Mailing Address 5225 S McClintock Dr 12 29 2015 City State Zip Code Amount of Each Disbursement this Period ΑZ 85283 Tempe 1212.93 Purpose of Disbursement BILL PAY Arizona Gold Rea ON-LINE xxxx xxxx xxxxxxxsa StrON 11-24 001 Transaction ID: SB17.4433 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: **/** House 2016 Senate ↑ Primary General Other (specify) President State: ΑZ District: Full Name (Last, First, Middle Initial) Date of Disbursement c. AZ Investing R.E. Mailing Address 5603 S. Outrigger Road 10 02 2015 c/o Heins Property Mgrs City Zip Code State Amount of Each Disbursement this Period 85283 Tempe ΑZ Purpose of Disbursement 358.05 Office rent 001 Transaction ID : SB17.4280 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: ΑZ District: 09

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2783.91

PAGE 13 67 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) A. AZ Investing R.E. Date of Disbursement 2015 Mailing Address 5603 S. Outrigger Road 10 30 c/o Heins Property Mgrs City State Zip Code Amount of Each Disbursement this Period ΑZ Tempe 85283 Purpose of Disbursement 1056.00 November Office Rent 001 Transaction ID: SB17.4375 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) AZ Investing R.E. Date of Disbursement Mailing Address 5603 S. Outrigger Road 12 80 2015 c/o Heins Property Mgrs City State Zip Code Amount of Each Disbursement this Period ΑZ 85283 Tempe 352.95 Purpose of Disbursement Office rent 001 Transaction ID: SB17.4393 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: House Disbursement For: 2016 Senate Primary General Other (specify) President State: ΑZ District: Full Name (Last, First, Middle Initial) Date of Disbursement C. AZ Investing R.E. Mailing Address 5603 S. Outrigger Road 12 29 2015 c/o Heins Property Mgrs City State Zip Code Amount of Each Disbursement this Period 85283 Tempe ΑZ Purpose of Disbursement 711.00 Office rent 001 Transaction ID: SB17.4432 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House Primary General Senate President Other (specify) State: ΑZ District: 09 2119.95 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 14 OF 67						
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 17 18	19a 19b						
	20a 20b	20c 21						
by not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.								

ILEWISED DISBORSEMENTS	Detailed Summar	×	17 20a	18 20b	19a 20c	19b 21					
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and											
NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS											
Full Name (Last, First, Middle Initial) A. Baca Graphics LLC			M	Date of Disbursement							
Mailing Address 3030 South Rural Road #110			12		16	2015					
City State Tempe AZ	Zip Code 85282		Amou	nt of Ea	ach Disburse	ement this I	Period				
Purpose of Disbursement Bumper Stickers		004	Transac	ction ID	: SB17.439	496 8	.00				
Candidate Name DAVE GILES FOR CONGRESS		Category/ Type									
Office Sought: Senate Disbursement F											
Full Name (Last, First, Middle Initial) Best Buy			Date		ursement	Y " Y " Y "	Y				
Mailing Address 2288 East Williams Field Road				10 02 2015							
City State Gilbert AZ							Period				
Purpose of Disbursement Ethernet adapter / 2-handset cordless answering maching	3	001	Transa	70.04 Transaction ID : SB17.4420							
Candidate Name DAVE GILES FOR CONGRESS		Category/ Type	liunisa		. 00 11.772	-					
Office Sought: House Disbursement F Senate Primal											
Full Name (Last, First, Middle Initial)			Date	of Dieb	ursement						
C. Best Buy			M		D D /	Y Y Y	Υ				
Mailing Address 2288 East Williams Field Road			12		04	2015					
City State Gilbert AZ	Zip Code 85295		Amou	nt of Ea	ach Disburse	ement this I	Period				
Purpose of Disbursement Insperion 3252	001	7 L	,		258	3.71					
Candidate Name DAVE GILES FOR CONGRESS	Category/ Type	Transac	Transaction ID : SB17.4426								
Office Sought: House Disbursement F		•									
SUBTOTAL of Disbursements This Page (optional)					,	824	.75				
TOTAL This Period (last page this line number only)				,	,						

PAGE 15 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Best Buy 2015 Mailing Address 2288 East Williams Field Road 12 07 City State Zip Code Amount of Each Disbursement this Period ΑZ Gilbert 85295 Purpose of Disbursement 776.13 Lenovo PC / 2 monitors 001 Transaction ID: SB17.4424 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) Best Buy Date of Disbursement Mailing Address 2288 East Williams Field Road 12 80 2015 City State Zip Code Amount of Each Disbursement this Period ΑZ Gilbert 85295 Purpose of Disbursement GT740 PC 107.79 001 Transaction ID: SB17.4422 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House Senate ↑ Primary General Other (specify) President State: ΑZ District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Charleston's Mailing Address 1623 S Stapley Dr, 26 2015 12 City State Zip Code Amount of Each Disbursement this Period Mesa ΑZ 85204 400.00 Purpose of Disbursement Executive staff meeting meal expenses 007 Transaction ID : SB17.4436 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: ΑZ District: 09

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1283.92

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 16 67 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Cox Comunications Phoenix 2015 Mailing Address PO Box 53249 10 15 City State Zip Code Amount of Each Disbursement this Period ΑZ Phoenix 85072 Purpose of Disbursement 246.53 BILL PAY COX at Rural ON-LINE xxxxxxxxxxx35501 ON 10-15 001 Transaction ID: SB17.4327 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: House Disbursement For: 2016 Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) Cox Comunications Phoenix Date of Disbursement Mailing Address PO Box 53249 20 2015 11 City State Zip Code Amount of Each Disbursement this Period A7 Phoenix 85072 246.71 Purpose of Disbursement BILL PAY COX at Rural ON-LINE xxxxxxxxxxx35501 ON 11-20 001 Transaction ID: SB17.4386 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: House 2016 Senate ↑ Primary General Other (specify) President State: ΑZ District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Cox Comunications Phoenix Mailing Address PO Box 53249 2015 12 City State Zip Code Amount of Each Disbursement this Period Phoenix ΑZ 85072 122.76 Purpose of Disbursement BILL PAY COX at Rural ON-LINE xxxxxxxxxxxx35501 ON 12-21 001 Transaction ID: SB17.4403 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: ΑZ District: 09 616.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LI	NE	NUMBE	R:		PA	GE	17	OI	F	67
Use separate schedule(s)	(check	onl	y one)								
for each category of the Detailed Summary Page		×	17		18			19a			19b
Betailed Gaillinary 1 age			20a		20b			20c			21
y not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.											

	by information copied from such Reports and Statements may not be sold or unfor commercial purposes, other than using the name and address of any poli-		
	NAME OF COMMITTEE (In Full)		
$ \; angle$	DAVE GILES FOR CONGRESS		
	Full Name (Last, First, Middle Initial)		
A.	Office Max		Date of Disbursement
			M M / D D / Y Y Y Y
	Mailing Address 2711 S Market Street		11 09 2015
	City State Zip Code		Amount of Each Disbursement this Period
	Gilbert AZ 85296		Attribute of East Planarounient time Fortical
	Purpose of Disbursement Office Max - Color Toner		168.59
		001	Transaction ID : SB17.4428
	Candidate Name DAVE GILES FOR CONGRESS	Category/	
	Office Sought:	Туре	
	Senate Sought: Senate Disbursement For. 2010		
	President Other (specify)		
	State: AZ District: 09		
	Full Name (Last, First, Middle Initial)		
В.	Office Max		Date of Disbursement
٠.			M M / D D / Y Y Y
	Mailing Address 2711 S Market Street		12 18 2015
	City State Zip Code		
	Gilbert AZ 85296		Amount of Each Disbursement this Period
	Purpose of Disbursement		11.84
	Office Max - Adapter & Hanging folders	001	Transaction ID : SB17.4417
	Candidate Name	Category/	Transaction ib . 3D17.4417
	DAVE GILES FOR CONGRESS	Type	
	Office Sought: Disbursement For: 2016		
	Senate Primary General		
	State: AZ District: 09 Other (specify)		
_	Full Name (Last, First, Middle Initial)		
_	PGR Consulting - Campaign Manager / Campaign Co	neultant	Date of Disbursement
C.	1 Ort Oorisulting - Campaign Manager / Campaign Co	iisuitaiit	M M / D D / Y Y Y Y
	Mailing Address 2625 N 24th St		10 15 2015
	Unit 10		
	City State Zip Code		Amount of Each Disbursement this Period
	Mesa AZ 85213 Purpose of Disbursement		7500.00
	Consultatn services	001	7300.00
	Candidate Name	Category/	Transaction ID : SB17.4370
	DAVE GILES FOR CONGRESS	Type	
	Office Sought: Disbursement For: 2016		
	Senate Primary General		
	President Other (specify)		
_	State: AZ District: 09		
			7680.43
S	UBTOTAL of Disbursements This Page (optional)		
_	OTAL This Deviced (lock nows this line assumble as and)		
L	OTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 18 67 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) PGR Consulting - Campaign Manager / Campaign Consultant Date of Disbursement 2015 Mailing Address 2625 N 24th St 16 Unit 10 City State Zip Code Amount of Each Disbursement this Period ΑZ Mesa 85213 Purpose of Disbursement 29.46 Consultatn services 001 Transaction ID: SB17.4381 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) PGR Consulting - Campaign Manager / Campaign Consultant Date of Disbursement Mailing Address 2625 N 24th St 11 16 2015 Unit 10 City Zip Code State Amount of Each Disbursement this Period ΑZ 85213 Mesa 7500.00 Purpose of Disbursement Consultatn services 001 Transaction ID: SB17.4382 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House Senate Primary General Other (specify) President State: ΑZ District: Full Name (Last, First, Middle Initial) c. PGR Consulting - Campaign Manager / Campaign Consultant Date of Disbursement Mailing Address 2625 N 24th St 2015 15 Unit 10 City Zip Code State Amount of Each Disbursement this Period Mesa ΑZ 85213 6500.00 Purpose of Disbursement Consultatn services 001 Transaction ID : SB17.4397 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: ΑZ District: 09 14029.46 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	Р	AGE	19	OF	67		
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	>	17		18		19a] 19b
		20a		20b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.								
duress of any political commit	tee to solic	it contribt	IUOI	is irom	Suci	1 COIII	mille	₽.

Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) PIZZA HUT 026698 TEMPE AZ S385299841533675 CARD 3581 Date of Disbursement 2015 Mailing Address 808 W Broadway Rd, 10 26 City State Zip Code Amount of Each Disbursement this Period ΑZ Tempe 85292 Purpose of Disbursement 71.40 PURCHASE AUTHORIZED ON 10/27 PIZZA HUT 026698 TEMPE AZ 007 \$3852008/1533675 CARD 3581 Transaction ID: SB17.4374 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) Salt River Project Date of Disbursement D Mailing Address 1521 N Project Dr, 12 21 2015 City State Zip Code Amount of Each Disbursement this Period ΑZ 85281 Tempe 86.96 Purpose of Disbursement Office Electric Bill 001 Transaction ID: SB17.4402 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House Senate Primary General Other (specify) President State: ΑZ District: Full Name (Last, First, Middle Initial) SMARTSIGN 718-797-1900 NY S305322021065816 CARD 3581 Date of Disbursement Mailing Address 300 Cadman Plz W 20 2015 Ste 1303 City Zip Code State Amount of Each Disbursement this Period Brooklyn NY 11201 21.39 Purpose of Disbursement PURCHASE AUTHORIZED ON 11/19 SMARTSIGN 718-797-1900 NY 004 S305322021065816 CARD 3581 - Dave's Nametag Transaction ID : SB17.4384 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify) State: ΑZ District: 09 179.75 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 20 67 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement The Keg 2015 Mailing Address 3065 W Chandler Blvd 12 18 City State Zip Code Amount of Each Disbursement this Period ΑZ Chandler 85226 Purpose of Disbursement 297.00 Volunteer Appreciation Event 007 Transaction ID: SB17.4400 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: House Disbursement For: 2016 Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) VILLAGE-INN-REST # MESA AZ S005324122941452 Date of Disbursement Mailing Address 1155 S Dobson Rd 23 2015 11 City State Zip Code Amount of Each Disbursement this Period A7 Mesa 85202 56.02 Purpose of Disbursement PURCHASE AUTHORIZED ON 11/19 VILLAGE-INN-REST # MESA AZ 007 S005324122941452 CARD 9306 Transaction ID: SB17.4388 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Disbursement For: Office Sought: 2016 House Senate Primary General President Other (specify) State: ΑZ District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Wells Fargo Merchant Bank Card Mailing Address 100 W. Washington St. 10 13 2015 City State Zip Code Amount of Each Disbursement this Period 85003 Phoenix ΑZ Purpose of Disbursement 45.00 BANKCARD FEE - 0485997148 001 Transaction ID : SB17.4369 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House General Senate Primary President Other (specify)

State:

ΑZ

District:

09

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

398.02

S

lmage# 201601119004446820			
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	nedule(s) / of the y Page	FOR LINE NUMBER: PAGE 21 OF 67 (check only one) X 17	
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS			person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Wells Fargo Merchant Bank Card Mailing Address 100 W. Washington St.			Date of Disbursement 10 19 2015
City State Phoenix AZ Purpose of Disbursement Expand Transaction 36 with description: ONLINE TRANSI #IRESPONITION TO VISA SIGNATURE CARD YYYY Candidate Name DAVE GILES FOR CONGRESS Office Sought: House Senate Disbursement For Senate	or: 2016	006 Category/ Type	Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.4371
State: AZ District: 09 Full Name (Last, First, Middle Initial) Wells Fargo Merchant Bank Card Mailing Address 100 W. Washington St.	(specify)		Date of Disbursement 10
City State Phoenix AZ Purpose of Disbursement Expand Transaction 30 with description: ONLINE TRANS #IRECHNORCG TO VISA SIGNATURE CARD XXXX Candidate Name DAVE GILES FOR CONGRESS		001 Category/ Type	Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4408
State: AZ District: 09 Full Name (Last, First, Middle Initial)			
Mailing Address 100 W. Washington St.	Tin Onda		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	Zip Code 85003	001	Amount of Each Disbursement this Period 3.00
Candidate Name		Category/	Transaction ID : SB17.4376

Type

General

Office Sought:

ΑZ

State:

DAVE GILES FOR CONGRESS

District:

House

Senate

President

09

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Disbursement For: 2016

Primary Other (specify)

7503.00

PAGE 22 67 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 19b 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement Wells Fargo Merchant Bank Card 2015 Mailing Address 100 W. Washington St. 12 City State Zip Code Amount of Each Disbursement this Period ΑZ Phoenix 85003 Purpose of Disbursement 1.33 BANKCARD DISCOUNT FEE - 0485997148 001 Transaction ID: SB17.4378 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President ΑZ State: District: Full Name (Last, First, Middle Initial) Wells Fargo Merchant Bank Card Date of Disbursement Mailing Address 100 W. Washington St. 12 2015 11 City State Zip Code Amount of Each Disbursement this Period ΑZ 85003 Phoenix 2.55 Purpose of Disbursement BANKCARD INTERCHANGE FEE - 0485997148 001 Transaction ID: SB17.4379 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House Senate Primary General Other (specify) President State: ΑZ District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Wells Fargo Merchant Bank Card Mailing Address 100 W. Washington St. 2015 City State Zip Code Amount of Each Disbursement this Period 85003 Phoenix ΑZ Purpose of Disbursement 45.07 BANKCARD FEE - 0485997148 001 Transaction ID : SB17.4380 Candidate Name Category/ DAVE GILES FOR CONGRESS Type Office Sought: Disbursement For: 2016 House X General Senate Primary President Other (specify) State: ΑZ District: 09 48.95 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	PAGE	23	OF	67		
Use separate schedule(s) for each category of the Detailed Summary Page	(check onl						
	X	17	18		19a		19b
		20a	20b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions							

	Detailed Summary	/ Page	20a 20b 20c 21				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS							
Full Name (Last, First, Middle Initial)			Data of Dishurasment				
A. Wells Fargo Merchant Bank Card			Date of Disbursement				
Mailing Address 100 W. Washington St.			11 20 2015				
City State	Zip Code		Amount of Each Disbursement this Period				
Phoenix AZ Purpose of Disbursement	85003		1824.27				
WITHDRAWAL MADE IN A BRANCH/STORE Office Rental		001	Transaction ID : SB17.4385				
Candidate Name DAVE GILES FOR CONGRESS		Category/ Type	Transaction ID: 3817.4383				
Office Sought: House Disbursement For: Senate President Other (sp.	General	~!					
Full Name (Last, First, Middle Initial)							
3. Wells Fargo Merchant Bank Card			Date of Disbursement				
Mailing Address 100 W. Washington St.			12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City State	Zip Code		Amount of Each Disbursement this Period				
Phoenix AZ	85003						
Purpose of Disbursement ONLINE DEP DETAIL & IMAGES			3.00 Transaction ID : SB17.4392				
Candidate Name DAVE GILES FOR CONGRESS		Category/ Type					
Office Sought: Youse Disbursement For: Younge Primary Other (sp. State: AZ District: 09 Disbursement For: Younge Other (sp. State: AZ District: 09 Other (sp. State: AZ District: No. State: AZ District: No. State: AZ District: No. State: No. Stat	General	.,,,,,					
Full Name (Last, First, Middle Initial)							
C. Wells Fargo Merchant Bank Card			Date of Disbursement				
Mailing Address 100 W. Washington St.		12					
	Code		Amount of Each Disbursement this Period				
	003		0.27				
Purpose of Disbursement BANKCARD DISCOUNT FEE - 0485997148	Purpose of Disbursement BANKCARD DISCOUNT FEE - 0485997148 001						
Candidate Name Catego			Transaction ID : SB17.4394				
DAVE GILES FOR CONGRESS		Type					
Office Sought: House Disbursement For:	General						
State: AZ District: 09							
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBER	· ·	PAGE	24	OF	67
Use separate schedule(s)	(check onl						
for each category of the Detailed Summary Page	X	17	18		19a		19b
		20a	20b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions							

	Detailed	d Summary	Page	20a 20b 20c 21
	y information copied from such Reports and Statements may not be for commercial purposes, other than using the name and address of			
\rangle	NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS			
	Full Name (Last, First, Middle Initial)			Date of Dieleurs and
۹.	Wells Fargo Merchant Bank Card			Date of Disbursement
	Mailing Address 100 W. Washington St.			12 10 2015
	. <u> </u>	Code		Amount of Each Disbursement this Period
	Phoenix AZ 8500	03		1.53
	Purpose of Disbursement BANKCARD INTERCHANGE FEE - 0485997148		001	Transaction ID : SB17.4395
	DAVE GILES FOR CONGRESS		Category/ Type	
	President Other (specify) State: AZ District: 09	General		
3.	Full Name (Last, First, Middle Initial) Wells Fargo Merchant Bank Card			Date of Disbursement
Mailing Address 100 W. Washington St.			12 10 2015	
	City State Zip 0 Phoenix AZ 8500	Code 03		Amount of Each Disbursement this Period
	Purpose of Disbursement Expand Transaction 7 with description : BANKCARD FEE		001	90.07 Transaction ID : SB17.4396
	DAVE GILES FOR CONGRESS		Category/ Type	
	Office Sought: Senate	General		
	Full Name (Last, First, Middle Initial)			5. (5.)
Э.				Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y
	City State Zip Code			Amount of Each Disbursement this Period
	Purpose of Disbursement		· · ·	
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For: Senate Primary Other (specify) State: District:	General		
s	UBTOTAL of Disbursements This Page (optional)			91.60
_				39387.28
Т	OTAL This Period (last page this line number only)			39301.20

••••	1age# 201001113004440024			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 25 OF 67 (check only one) 17 X 18
	ny information copied from such Reports and Statements for commercial purposes, other than using the name an			person for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS	a address of any pon		o to donor communicaci
۹.	Full Name (Last, First, Middle Initial) Republican National Committee			Date of Disbursement
	Mailing Address 310 1st St SE			12 28 2015
	City State Washingto DC	Zip Code 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Membership		011	100.00 Transaction ID : SB18.4405
	DAVE GILES FOR CONGRESS	2016	Category/ Type	
	Office Sought: House Disbursement F			
	Full Name (Last, First, Middle Initial)			
3.	Mailing Address			Date of Disbursement
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			Amount of Each Dispursement this Feriod
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement F		71	
	Full Name (Last, First, Middle Initial)			
Э.				Date of Disbursement
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name		Category/	
	Office Sought: House Senate President Disbursement F Prima Other		Type	

State:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

District:

100.00

100.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 OF 67 (check only one)	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c X 21	
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a			
NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS			
Full Name (Last, First, Middle Initial) A. Bea Rocklin Finance Manager		Date of Disbursement	
Mailing Address 3104 East Camelback Road #156	· ·		
City State Phoenix AZ	Zip Code 85016	Amount of Each Disbursement this Period	
Purpose of Disbursement Finance Manager Services	003	1000.00 Transaction ID : SB21.4281	
Candidate Name DAVE GILES FOR CONGRESS	Category Type	<u>/</u>	
Office Sought: House Disbursement For	General		
Full Name (Last, First, Middle Initial) Bea Rocklin Finance Manager		Date of Disbursement	
Mailing Address 3104 East Camelback Road #156		11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City State Phoenix AZ	Zip Code 85016	Amount of Each Disbursement this Period	
Purpose of Disbursement Finance Manager Services	003	1000.00 Transaction ID : SB21.4377	
Candidate Name DAVE GILES FOR CONGRESS	Category Type	/	
Office Sought: Yellow	General		
Full Name (Last, First, Middle Initial) C. Bea Rocklin Finance Manager		Date of Disbursement	
Mailing Address 3104 East Camelback Road		12 D D / Y Y Y Y Y Y 12 12 07 2015	
•	p Code 5016	Amount of Each Disbursement this Period	
Purpose of Disbursement Finance Manager Services	003	1000.00	
Candidate Name DAVE GILES FOR CONGRESS	Category Type	Transaction ID : SB21.4391	
Office Sought: House Disbursement For	General		
SUBTOTAL of Disbursements This Page (optional)		3000.00	

TOTAL This Period (last page this line number only).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 27 OF 67 (check only one) 17	
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS	, ,			
۹.	Full Name (Last, First, Middle Initial) Complete Inspection Service, LLC	Date of Disbursement			
	Mailing Address 8720 E. Pampa Ave 602-7083964			10 02 2015	
	City State Mesa AZ Purpose of Disbursement Complete insection of office	Zip Code 85202	004	Amount of Each Disbursement this Period 435.00	
	Candidate Name DAVE GILES FOR CONGRESS Office Sought: House Disbursement For		001 Category/ Type	Transaction ID : SB21.4321	
	Senate Primary President Other (s	General			
3.	Full Name (Last, First, Middle Initial) Men's Wearhouse Mailing Address 6355 East Southern Avenue			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State	Zip Code		Amount of Each Disbursement this Period	
	Mesa AZ Purpose of Disbursement Campaign clothes	AZ 85206 se of Disbursement			
	Candidate Name DAVE GILES FOR CONGRESS		Category/ Type		
	Office Sought: Yes House Disbursement For	General			
	Full Name (Last, First, Middle Initial)			Data of Dishusament	
Э.	Mailing Address P. O. Box 330			Date of Disbursement	
		p Code		10 08 2015	
	•	64830		Amount of Each Disbursement this Period 2865.00	
	Tactical Equipment Candidate Name	tical Equipment 0			
	DAVE GILES FOR CONGRESS		Category/ Type		
	Office Sought: House Disbursement For	General			
•	State. AZ DISTRICT. 09			3748.72	

TOTAL This Period (last page this line number only).....

SC	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 OF 67 (check only one)
Т	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c X 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and		
\rangle	NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS		
۸.	Full Name (Last, First, Middle Initial) Title365 Company Inc. Mailing Address 3303 E. Baseline Road		Date of Disbursement 10 02 2015
	#106 City State	Zip Code	Amount of Each Disbursement this Period
	Gilbert AZ Purpose of Disbursement Holding	85234	2000.00 Transaction ID : SB21.4295
	Candidate Name DAVE GILES FOR CONGRESS	Category Type	
	Office Sought: House Disbursement For	General	
	Full Name (Last, First, Middle Initial)		
3.	Mailing Address		Date of Disbursement M M / D D / Y Y Y Y
	City State	Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category Type	/
	Office Sought: House Disbursement For Senate Primary Other (s	General	
	State: District: Full Name (Last, First, Middle Initial)		
Э.			Date of Disbursement
	Mailing Address		
		ip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category Type	
	Office Sought: House Disbursement For Senate President Other (s	General	
	State: District:		
9	IIRTOTAL of Dishursements This Page (optional)		2000.00

TOTAL This Period (last page this line number only).....

8748.72

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 29

X 13a

67

LUANS		Detailed Summary Page	ge (crieck only one)
NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRES	S	Transac	ction ID : SC/10.4098
LOAN SOURCE Full Name (Last, First DAVID VICTOR GILES	, Middle Initial)	[PERSONAL FUNDS]	Election: 2016 Primary General
Mailing Address 3667 EAST MEGAN STREET			Other (specify)
City GILBERT	State ZIP (AZ 8529		
Original Amount of Loan	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Period
Date Incurred M 04	Date Du	Interest Rate y ž016 y 0.00	
List All Endorsers or Guarantors (if a	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	te ZIP Code	Amount Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Page (option TOTALS This Period (last page in this line	only)	······	11000.00
Carry outstanding balance only to LINE 3	, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

30

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4358 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 04 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

31

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4116 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 05^M 20 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

32 OF

X 13a

67

Detailed Summary Page 13b Transaction ID: SC/10.4135 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M06^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

33

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4198 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 07^M 2015 216 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

34

	i
×	13a
	13h

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4337 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 119.88 0.00 119.88 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 07^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 119.88 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

35

×	13a
	13b

67

for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4341 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 46.00 0.00 46.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 19^D ^M 07^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 46.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

36

×	13a
	13h

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4343 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 226.35 0.00 226.35 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D24 2015 2016 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 226.35 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

37 OF

X 13a

67

Detailed Summary Page 13b Transaction ID: SC/10.4346 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 16.99 0.00 16.99 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D24 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 16.99 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

38

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4350 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 140.13 0.00 140.13 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D24 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 140.13 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

39 OF

X 13a

67

Detailed Summary Page 13b Transaction ID: SC/10.4214 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1530.94 0.00 1530.94 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1530.94 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

PAGE

40

×	13a
	13b

67

for each category of the Detailed Summary Page Transaction ID: SC/10.4335 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 200.00 0.00 200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D30 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 200.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

41

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4223 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 08^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

42

X 13a

67

OF

Detailed Summary Page 13b Transaction ID: SC/10.4239 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M 06 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE 43

X 13a I

67

Transaction ID : SC/10.4254
[PERSONAL FUNDS] Election: 2016 Primary General
Other (specify)
ZIP Code
85295
nent To Date Balance Outstanding at Close of This Period 0.00 246.55
te Due Interest Rate Secured: / Y 2016 Y 0.00 % (apr)
Yes No
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
246.55
line. If no Schedule D, carry forward to appropriate line of Summary.
yr

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

44

×	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4264 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M 06 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

45

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4352 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 66.00 0.00 66.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M 06 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 66.00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

46

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4247 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M ^D 17 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

47

X	13a
	13h

67

Detailed Summary Page Transaction ID: SC/10.4256 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 200.00 0.00 200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M 20 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 200.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

48

	il
X	13a
	13h

67

Detailed Summary Page Transaction ID: SC/10.4258 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 475.00 0.00 475.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 08^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 475.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

49

×	13a
	13h

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4317 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 119.47 0.00 119.47 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M 02 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 119.47 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

50

X	13a
	13h

67

Detailed Summary Page Transaction ID: SC/10.4266 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D10^D 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

51

×	13a
	13h

67

for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.4315 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 36.00 0.00 36.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D10^D 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 36.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

52

X 13a

67

OF

Detailed Summary Page 13b Transaction ID: SC/10.4283 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 99.00 0.00 99.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 14 ^D ^M 09^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 99.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

53

13a

67

OF

Detailed Summary Page 13b Transaction ID: SC/10.4271 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 09^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

54

×	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4272 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 09^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

55

×	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4275 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 227.00 0.00 227.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D25 ^M 09^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 227.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

56

X 13a

67

OF

Detailed Summary Page 13b Transaction ID: SC/10.4299 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 197.00 0.00 197.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M 09^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 197.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

57

×	13a
	13b

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4277 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 80000.00 0.00 80000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D30 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 00.0008 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

58

	il
X	13a
	13h

67

(check only one) Detailed Summary Page Transaction ID: SC/10.4323 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 395.00 0.00 395.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 09^M ^D30 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 395.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

59

×	13a
	13h

67

Detailed Summary Page Transaction ID: SC/10.4319 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 435.00 0.00 435.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M 02 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 435.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

60

X	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4419 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 70.04 0.00 70.04 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M 02 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 70.04 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

61

	١
X	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4427 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 168.59 0.00 168.59 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} 09 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 168.59 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

62

X	13a
	13h

67

Detailed Summary Page Transaction ID: SC/10.4425 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 258.71 0.00 258.71 **TERMS** Date Incurred Date Due Interest Rate Secured: 04 ^M 12^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 258.71 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 63

NUMBER: y one) X 13a 13b

67

JANS		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS		Transacti	ion ID : SC/10.4423
LOAN SOURCE Full Name (Last, First, MidDAVID VICTOR GILES	iddle Initial)		Election: 2016 Primary General
Mailing Address 3667 EAST MEGAN STREET			Other (specify)
City	State ZIP Cod	e	
GILBERT	AZ 85295		
Original Amount of Loan	Cumulative Payment To [Date Balan	ce Outstanding at Close of This Period
770.13		0.00	170.13
Date Incurred Mark 12 Date Incurred Date Incurred Date Incurred	Date Due	Interest Rate Ž016 V 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source		100 110
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	9
SUBTOTALS This Period This Page (optional)		• • • • • • • • • • • • • • • • • • •	776.13
**OTALS This Period (last page in this line onl	ly)	······	7
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If n	o Schedule D, carry forwa	ard to appropriate line of Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

64

×	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4421 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 107.79 0.00 107.79 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 12^M 08 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 107.79 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

65

×	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4416 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 11.84 0.00 11.84 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 18^D ^M 12^M 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 11.84 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

66

	1
X	13a
	13b

67

Detailed Summary Page Transaction ID: SC/10.4435 NAME OF COMMITTEE (In Full) DAVE GILES FOR CONGRESS LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Primary DAVID VICTOR GILES General Mailing Address Other (specify) \blacktriangledown 3667 EAST MEGAN STREET State ZIP Code City ΑZ 85295 **GILBERT** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 400.00 0.00 400.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 12^M ^D26 2015 2016 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 400.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 67

67

OANS			Detailed Summary Pa		(check only one)	>	X 1	13a 13b
AME OF COMMITTEE (In Full)			Transa	ction	ID : SC/10.4437			
DAVE GILES FOR CON	GRESS							
LOAN SOURCE Full Name (L	ast, First, Midd	le Initial)			ection: 2016			
DAVID VICTOR GILES	3			$ \times$	Primary General			
Mailing Address 3667 EAST MEGAN STREET					Other (specify)			
City	S	State ZIP Cod	de					
GILBERT		AZ 85295						
Original Amount of Loan		Cumulative Payment To	Date Bal	ance	Outstanding at Close	of Thi	is P	'eriod
	448.72		0.00		2	448.	72	
TERMS Date Incurred		Date Due	Interest Rat	e	Se	cured:		
M 12 ^M / 31 D / Y Ž	015 Y	M / D D / Y	ž016 ° 0.0	0	% (apr)	Yes	X	No
List All Endorsers or Guarant	tors (if any) to	Loan Source						
1. Full Name (Last, First, Mide	dle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	_		_	-	
City	State	ZIP Code	Guaranteed Outstanding:	7				
2. Full Name (Last, First, Midd	lle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount Guaranteed	-			7	
City	State	ZIP Code	Outstanding:	7	7		4	
3. Full Name (Last, First, Midd	lle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-			ī	
City	State	ZIP Code	Guaranteed Outstanding:	7	7		1	
4. Full Name (Last, First, Midd	lle Initial)		Name of Employer					
Mailing Address			Occupation					
			Amount	-			7	
City	State	ZIP Code	Guaranteed Outstanding:	7	7		_	
SUBTOTALS This Period This Pa	ge (optional)		·	_	7	448.	72	
TOTALS This Period (last page in	this line only).		·····		, 1	40018.	13	
Carry outstanding balance only t	o LINE 3 Sche	dula D for this line. If r	o Schedule D. carry for	ward	to appropriate line	of Sur		